

DONATION OF SICK LEAVE

UNDER THE PROVISIONS OF THE NON-CERTIFIED EMPLOYEE HANDBOOK, THE MOHAWK LOCAL SCHOOLS BOARD OF EDUCATION AND THE MOHAWK EDUCATION ASSOCIATION HAVE AGREED TO ESTABLISH A SICK LEAVE BANK.

THE PURPOSE OF THIS PROGRAM IS TO ALLOW INDIVIDUAL EMPLOYEES TO DONATE ONE (1) DAY OF THEIR ACCUMULATED SICK LEAVE TO AN INDIVIDUAL WHO HAS EXPERIENCED A PERSONAL CATASTROPHIC ILLNESS OR INJURY OR TO AN INDIVIDUAL WHOSE FAMILY MEMBER HAS EXPERIENCED A CATASTROPHIC ILLNESS OR INJURY AND BEEN APPROVED BY THE SUPERINTENDENT.

GUIDELINES FOR DONATION OF SICK LEAVE

1. ANYONE MAKING A DONATION MUST HAVE ACCUMULATED AT LEAST THREE HUNDRED (300) HOURS OF SICK LEAVE.
2. SICK LEAVE WILL BE DEDUCTED FROM THE TOTAL ACCUMULATION OF THE DONOR.
3. DONORS MAY DONATE UP TO EIGHT (8) HOURS TO THE SICK LEAVE BANK.
4. NAMES OF DONORS WO THE SICK LEAVE BANK WILL BE KEPT CONFIDENTIAL.

I HAVE READ THE ABOVE INFORMATION AND AGREE TO DONATE ____ HOURS.

I CURRENTLY HAVE A TOTAL OF ____ HOURS OF ACCUMULATED SICK LEAVE.

DATE

NAME OF EMPLOYEE MAKING DONATION

SIGNATURE

THIS FORM SHOULD BE RETURNDED TO THE TREASURER, MOHAWK LOCAL SCHOOLS.